

PROGRAM INFORMATION

Who Is Eligible?

ADSMs who work and reside over 50 miles from a military clinic (e.g. recruiters, full-time advisors to Reserve units, ROTC cadre, etc) are entitled to routine civilian dental care under the Tri-Service Remote Dental Program (RDP). **This program does not cover family members.**

Active Duty Member Costs:

There is no cost to service members when procedures are followed. Routine care is authorized up to \$500. All specialty care and any dental care over \$500 must be preauthorized through MMSO.

Do I need to use a network provider?

No. You may use any dental provider in your area that possesses a dental license. MMSO does not maintain a list of dentists for your area. Often service members ask co-workers or friends which dentist they use and trust.

What services are covered?

Treatment that meets the following requirements does not require a pre-authorization:

- Emergency treatment*
- Exams, x-rays and cleanings
- Fillings (amalgams, composites)
- Routine procedures less than \$500
- Total treatment that does not exceed \$1,500 per calendar year



MILITARY MEDICAL SUPPORT OFFICE
ATTN: DENTAL PRE-AUTHORIZATIONS
PO BOX 886999
GREAT LAKES, IL 60088-6999

Phone: 888-MHS-MMSO
OR (888) 647-6676
Fax: (847) 688-7394

Important Note:

According to DoD Health Affairs Policy: 98-021 Memo of 19 Feb 1998, it is DoD policy that all (including Remote and Geographically Separated) Active Duty and Select Reserve military members:

1. Must receive a yearly dental exam
2. Must be Dental Class 1 or 2 prior to transfer overseas
3. Must be Dental Class 1 or 2 prior to deployment

<http://mmso.med.navy.mil>

MILITARY MEDICAL SUPPORT OFFICE

DENTAL

Service Member's Guide

Tri-Service Remote Dental Program and You

Soldiers, Sailors, Marines and Airmen are entitled to all benefits of the Defense Health Program, including access to dental care. The Tri-Service Remote Dental Program (RDP) was established to ensure remotely stationed Active Duty Service Members (ADSM) are able to obtain the same dental benefit available to service members supported by an active duty Military Dental Treatment Facility (DTF).

The RDP applies only to ADSM who live and work more than 50 miles from the nearest DTF. ADSM must be on continuous active duty during the entire phase of dental treatment. The RDP does not cover family members.

FAQ'S

Frequently Asked Questions

What if I have a dental emergency?

If you are more than 50 miles from an active duty base that has dental facilities you are authorized up to \$500 in emergency dental treatment. Crowns, bridges, or specialty care are not emergency care. Emergency care is to relieve immediate pain, bleeding or swelling. Emergency root canal therapy costing more than \$500 will be covered.

What about specialty care?

All crowns, bridges and non-emergency surgical care are considered specialty care and require pre-authorization.

What about braces and cosmetic procedures?

Orthodontics (braces) and cosmetic treatment, including bleaching, bonding, porcelain veneers and porcelain inlays are not covered services. A general guideline is that correction of a previously existing condition is not a covered benefit.

How do I obtain pre-authorization?

You can obtain this information from our website (the address is located on the back of this brochure). Click on "Dental Information."

FAQ'S

In short, you need a Command Request Letter (see our website), a treatment plan with an estimated cost, x-rays, and a copy of your most recent military dental examination (SF 603 in your military dental record). The SF 603 requirement is often waived if the x-rays and narrative information from the dentist are appropriate and complete.

Can I fax my pre-authorization in?

No. Every request must be accompanied with x-rays. X-rays do not fax well.

Will I get my x-rays back?

Your x-rays will be returned with our response letter regarding your pre-authorization. This will be mailed to your unit/command.

How do I determine the status of my Pre-Authorization?

Normally, requests are processed within five working days of receipt. If the request is large or unusual, or if additional information is required, processing your request may be delayed. Keep in mind that every request and case is different, so it may take longer than ten days. Please do not call unless it has been more than ten working days.

Is this the same as my family's dental plan?

No. Make sure your dentist knows that you are on the RDP and you are not a United Concordia patient.

FAQ'S

My friend/co-worker got an authorization for dental treatment that you denied for me.

Keep in mind everyone's dental needs are different. Therefore, each request is considered on a case-by-case basis.

I have a pre-authorization but my claim has not been paid.

You should contact customer service at MMSO (1-888-647-6676) and select option 1. The Pre-Authorization Department only reviews and authorizes dental treatment before it is initiated.

I had specialty dental treatment (example: a crown) done without pre-authorization and my bill was denied what do I do?

You have the right to appeal the denial of your claim. The service member (not your dentist or unit representative) must write a letter of appeal to the Officer in Charge, MMSO (address on back of brochure). The appeal will be reviewed and the denial may be overturned. Each case and circumstance is different. Complete and accurate information is critical.

For complete claims filing information, please visit our website